

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner ☐ IV-D Non Public Assistance
☐ IV-D Non PA Medicaid
☐ Full Services
Respondent ☐ Medical Services Only
☐ IV-D Public Assistance
☐ IV-E Foster Care (IV-D Case)
☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____**I. Action**

- | | |
|---|---|
| 1. <input type="checkbox"/> Status Request | 2. <input type="checkbox"/> Status Update |
| 3. <input type="checkbox"/> Notice of Hearing | 4. <input type="checkbox"/> Notice of Case Forwarding |
| 5. <input type="checkbox"/> Document Filed | 6. <input type="checkbox"/> Order Issued/Confirmed |
| 7. <input type="checkbox"/> Notice of Arrearage Reconciliation/Determination of Sum-Certain | |
| 8. <input type="checkbox"/> Change of Payee/Redirection of Payment | |
| 9. <input type="checkbox"/> Other _____ | |

☐ Please Return the Acknowledgment Attached (2 of 2)**II. Additional Information**

Date

Initiating Contact Person (Print or Type)

(_____) Telephone Number & Extension

(_____) Fax Number

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Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) _____**ACKNOWLEDGMENTS** Return This Form to Initiating State

- ☐ Request Received and No Additional Information is Necessary
☐ Additional Information Needed (See Remarks)
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone & Extension

Fax

Date

Person Completing Form (Print or Type)

(_____) Telephone Number & Extension

(_____) Fax Number